



## PERSONNEL CABINET

**Steven L. Beshear**  
Governor

**Department for Employee Insurance**  
501 High Street 2nd Floor  
Frankfort, Kentucky 40601  
[www.kehpn.gov](http://www.kehpn.gov)

**Nikki R. Jackson**  
Secretary

### MEDICAID ELIGIBILITY/TERMINATION FORM

**To: Division of Medicaid Services**  
**Attn: Debbie Keith**  
**Fax: (502) 564-2228**

**Parent/Guardian:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Parent/Guardian**  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Effective Date of Coverage:** \_\_\_\_\_ **Termination Date of Coverage:** \_\_\_\_\_

**Medicaid** ☐ **or** **KCHIP** ☐

<b>Name(s) of individual(s) gaining/losing coverage</b>	<b>SS#</b>
_____	_____
_____	_____
_____	_____

**Reason for Termination of coverage:**

- ☐ **Paperwork not submitted**
- ☐ **Income exceeds guidelines**
- ☐ **Member Request**
- ☐ **Non-payment of premium**
- ☐ **Other (please specify):** \_\_\_\_\_

**I hereby give permission for the Division of Medicaid Services to release information to**

\_\_\_\_\_, **my Insurance Coordinator.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witnessed by Insurance Coordinator** **Date**

\_\_\_\_\_  
**Authorized Person at Div of Medicaid Serv.** **Date**

\*Insurance Coordinators, please include your return fax number so that Medicaid Services can return the filled out form to you. Please forward all completed documents to Enrollment Information Branch.

## MEDICAID ELIGIBILITY/TERMINATION FORM INSTRUCTIONS

***Below is the procedure for members and/or dependents that 1) lose Medicaid or KCHIP; or 2) gain Medicaid; and want to add or drop dependents (this also applies to members who are gaining/losing SSI):***

1. Member fills out applicable form (Add/Drop form, or application).
2. The Insurance Coordinator and the member sign and date the Add/Drop form or application.
3. Member or Insurance Coordinator fills out member's name, address and Social Security Number on the ***MEDICAID ELIGIBILITY/TERMINATION FORM***.
4. **The Insurance Coordinator and member must sign and date the release statement at the bottom of the form.**
5. The Insurance Coordinator will fax the form to Debbie Keith at the Division of Medicaid Services, (502) 564-2228. **The Insurance Coordinator should always include their return fax number in order for the form to be faxed back to the Insurance Coordinator.**
6. The Insurance Coordinator is to mail **ALL DOCUMENTS** (the Add/Drop form or application and *MEDICAID ELIGIBILITY/TERMINATION FORM*) to Enrollment Information Branch.

The new form is imperative. Without it, the QE will be pended until the form is filled out and received. No other documentation from Medicaid will be accepted. That includes, but is not limited to the following:

1. The initial letter of termination sent to the member in the mail.
2. The Certificate of Coverage from the Medicaid office.
3. A letter from the Case Worker stating that the child has lost coverage.

Those three documents are no longer necessary and can not/will not be used.